

TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT PART II - SUMMARY <small>For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA</small>										REQUIREMENTS CONTROL SYMBOL CSOCS-309	
1. a. Classification <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			b. Category <input type="checkbox"/> Flight <input type="checkbox"/> Flight Related			2. TYPE EVENTS		a.	b.	c.	
3. PERIOD OF DAY <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night			4. a. On Post <input type="checkbox"/> Yes <input type="checkbox"/> No			b. On Airfield <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. NEAREST MIL INSTALLATION						6. NO. OF ACFT INVOLVED					
7. LOCATION		a. City:			b. State:		c. Country:				
8. a. Acft MTDS:		b. (1) Orgn Acft Asgd:			(2) UIC:		c. Instal Acft Asgd:				
9. ORGN/CHAIN OF CMD INVOLVED AND ACCOUNTABLE											
a. ORGN/Chain of CMD Involved		Orgn Involved		Chain of Cmd		Chain of Cmd		Chain of Cmd		MACOM	
		(1) Unit									
		(2) UIC									
b. ORGN/Chain of CMD Accountable		Orgn Accountable		Chain of Cmd		Chain of Cmd		Chain of Cmd		MACOM	
		(1) Unit									
		(2) UIC									
10. a. Estimated Cost <input type="checkbox"/> Total Loss					11. SURVIVABILITY		12. IN-FLT ESCAPE		13. FIRE		
(1) Acft Damage Cost		\$		Owner		<input type="checkbox"/> Survivable		<input type="checkbox"/> Ejection		<input type="checkbox"/> None	
(2) Repair M/Hrs Cost		\$		No. M/Hrs		<input type="checkbox"/> Partially Survivable		<input type="checkbox"/> Bailout		<input type="checkbox"/> Inflight	
(3) Other Damage Mil		\$		Owner		<input type="checkbox"/> Nonsurvivable		<input type="checkbox"/> Not Accomplished		<input type="checkbox"/> Post-crash	
(4) Other Damage Civ		\$		Owner		<input type="checkbox"/> Acft Missing		<input type="checkbox"/> NA		<input type="checkbox"/> Other	
(5) Injury Cost		\$									
(6) Total Cost This Acft		\$									
b. Total Cost Multiple Acft		\$									
15. USABLE FUEL ABOARD ACFT:					a. At Takeoff:			b. At Time of Emerg:			
					c. At Acft or Term:			d. Type Fuel:			
16. GENERAL DATA			Yes	No	17. Flight Plan		18. MISSION		19. INJURIES (Number)		
a. Flammable Fluid Spillage					<input type="checkbox"/> VFR		a. Type		Fatal (A)		
b. (1) Night Visual Aids Used					<input type="checkbox"/> IFR				Disabling (B - E)		
(2) Specify Type					<input type="checkbox"/> None				Nondisabling (F-G)		
c. Flt Data Recorder Installed					<input type="checkbox"/> NA				Missing (H)		
d. Field Training Exercise Involved									Not injured (J)		
e. Heads-Up Display In Use											
f. Emergency Locator Transmitter Installed											
20. TERRAIN OF CRASH SITE (More than one may apply)											
a. General Characteristics <input type="checkbox"/> Mountain <input type="checkbox"/> Desert <input type="checkbox"/> Rolling <input type="checkbox"/> Flat					b. Surface at Crash Site <input type="checkbox"/> Prepared <input type="checkbox"/> Ice <input type="checkbox"/> Sod <input type="checkbox"/> Snow <input type="checkbox"/> Soggy						
<input type="checkbox"/> Water					<input type="checkbox"/> Water						
c. Crash Site Grade <input type="checkbox"/> Level <input type="checkbox"/> Slope					d. Obstacles at Crash Site <input type="checkbox"/> Stumps <input type="checkbox"/> Trees <input type="checkbox"/> Bldg <input type="checkbox"/> Wires <input type="checkbox"/> Rocks/Boulders						
Degrees					<input type="checkbox"/> Other						
21. FLIGHT DATA		Flight Duration	Phase of Operation	Altitude		Airspeed KIAS	Heading (Compass)	Aircraft Weight	Overgross Yes No		
				AGL	MSL						
a. Planned Data		Hr Tns									
b. When Emergency Occurred		Hr Tns									
c. Accident or Termination		Hr Tns									
22. ACCIDENT CAUSE FACTORS (Enter a D, S, or U in appropriate blocks to identify definite, suspected, or undetermined causes)											
a. Personnel				D, S, or U		Personnel (Continued)				D, S, or U	
(1) Flight Crew: Duty						(3) Supervisory Duty					
Duty						Duty					
Duty						(8) Other Duty					
(2) Ground Crew: Duty						b. Materiel Failure/Malfunction					
Duty						c. Environmental					
23. SEQUENCE (Factual accident sequence from onset of emergency through termination of flight. Use additional sheet if required.)											
24. AVN SAFETY OFFICER		a. Name, Rank, and Orgn				b. Signature					
25. CASE NO.		a. Date (YYMMDD)	b. Time	c. Acft Serial No.			26. OTHER ACFT SERIAL NO.				